

Agency Information for Current Budget Year			
Agency Income Source	Amount \$		Number of employees
Government Grants and Contracts			Full Time:
State grants (please specify)			Part Time:
			From to
			Agency Expenses
			Amount \$
			Personnel
			Fringe
Federal Grants (please specify)			Total Personnel
			Consulting Fees
			Funds to customers (<i>wages, stipends, etc.</i>)
County Grants (please specify)			Subcontractors
			Dues fees to national or state affiliates
			Operations (<i>including travel, supplies, printing, copying, phone, fax, postage</i>)
Foundations (please list them)			Equipment
			Occupancy (<i>include utilities</i>)
			Other (<i>please specify</i>)
United Way Grant(s)			
Corporations (please list them)			
			Total Expense
Donor Choice (United Way and/or Federated Campaigns)			
Fund Raising Events and Product Sales			
Membership & Program Fees			
Medicaid Reimbursement			
Other (please specify)			
TOTAL INCOME			